FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY	······································
Prefix		Serial
	DATE DECEMED	
	DATE RECEIVED	

				L		
Name of Offering (check if this is an am	endment and name ha	s changed, and inc	dicate chang	ge.)		
Class B Common stock		.	•	-		
Filing Under (check box(es) that apply):	☐ Rule 504	☐ Rule 505	≥ Rule	e 506	☐ Section 4(t	6) DULOE
Type of Filing:	☐ Amendment					
		ENTIFICATION	DATA			
1. Enter the information requested about the i						
Name of Issuer (check if this is an amen	dment and name has c	hanged, and indic	ate change.)		
Calcite Limited						
Address of Executive Offices (Number and St					•	uding Area Code)
Warrens Industrial Park, Warrens, St Mic	hael, Barbados, Brit	ish West Indies		(246) 42		
Address of Principal Business Operations (Nu	mber and Street, City,	State, Zip Code)		Telephoi	ne Number (Incl	uding Area Code)
(if different from Executive Offices)						
same				same		
Brief Description of Business		-		_		
Import/export						
Type of Business Organization						<u> </u>
••	nership, already formed	i 🗆 otl	ner (please :	specify):	030	28630
·	nership, to be formed					
		Month Year				30000
Actual or Estimated Date of Incorporation or	Organization:	0 5 0 3	🗷 Act	ual 🗆 I	Estimated	PROCESSED
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S.	. Postal Service at	breviation	for State:		- 300
	CN for Canada; F	N for foreign juris	diction)		FN	PROCESSED AUG 04 2003
GENERAL INSTRUCTIONS						<u></u>

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Amber Enterprises, Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) Warrens Industrial Park, Warrens, St Michael, Barbados, British West Indies ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full name (Last name first, if individual) Devries, John Business or Residence Address (Number and Street, City, State, Zip Code) Warrens Industrial Park, Warrens, St Michael, Barbados, British West Indies Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Director

☐ General and/or Managing Partner

☐ Beneficial Owner ☐ Executive Officer

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full name (Last name first, if individual)

				B. IN	IFORMAT	ION ABOU	JT OFFER	ING				
I. Has th	e issuer sold	l. or does th	e issuer inte	end to sell	to non-accre	edited inves	tors in this	offering?			Yes	No
1. 1105 []]	.e 1550et 5010		Answer also					-	••••••	***************************************	<u>e</u>	
2. What	is the minim					_			••••••		N/A	
											Yes	No
3. Does t	he offering	permit join	t ownership	of a single	unit?							×
										directly, any		
										offering. If ith a state or		
	list the nan							ed are assoc	ciated perso	ons of such a		
	(Last name			TOTHIATION I	OI HIAL DIOK	er or dealer	omy.				,	
Business of	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated B	Broker or De	ealer			· · · · · · · · · · · · · · · · · · ·						
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers		-,			 -	
												All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] 	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full name	(Last name	first, if ind	ividual)									
Business	or Residence	e Address (Number and	Street, Cit	v. State. Zir	Code)						
2431,1433					,, a.m., 2.,	, 33 43)						
Name of A	Associated F	Broker or D	ealer									
	Which Perso						· · · · · · · · · · · · · · · · · · ·		/*·-			····
(Chec [AL]	k "All State [AK]	s" or check [AZ]	individual: [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ [HI]	All States [ID]
	[IN]	[IA]			[LA]		. ,		[MI]		[MS]	[MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
						[* 1]						
run name	e (Last name	e mest, ir inc	iividuai)									
Business	or Residenc	æ Address (Number an	d Street, Ci	ty, State, Zi	p Code)				-	· · · · ·	
Name of	Associated l	Broker or D	Dealer									
	Wildel Deve	1 ' 1 11	C-1:-'	7-44	4- C-11-14 D	1						
	Which Perso ck "All State						•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use bla	nk sheet, or	r copy and u	ise addition:	at copies of	this sheet, a	is necessary	.)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Town of County	C	Aggregate Offering Price	An	nount Already Sold
	Type of Security Debt	\$	mering rince	\$	3014
			2,000,000	_	1,346,460
	Equity		2,000,000	-	1,540,400
	☑ Common ☐ Preferred	¢.		\$	
	Convertible Securities (including warrants)				
	Partnership Interests			\$	
	Other (Specify)	<u>\$</u>		\$	
	Total	\$	2,000,000	\$	1,346,460
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	D	Aggregate ollar Amount f Purchasers
	Accredited Investors		17	\$	661,135
	Non-accredited Investors		22	\$	685,325
	Total (for filings under Rule 504 only)			\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T		
	Type of offering		Type of Security	D	ollar Amount Sold
	Rule 505		Security	\$	50.4
	Regulation A	_		\$ \$	
	Rule 504			\$	
	Total	_		· \$	
4		_		· —	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		×	\$	3,000
	Accounting Fees		_	\$	<u> </u>
	Engineering Fees			\$	<u> </u>
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		×	\$	3,000
			<u>=</u>	Ψ	3,000

Question 1 and total expenses furthe "adjusted gross proceeds to the	the aggregate offering price given in response to Part nished in response to Part C - Question 4.a. This difference issuer."	e is		\$	1,343,460
for each of the purposes shown. I and check the box to the left of	djusted gross proceeds to the issuer used or proposed to be to the amount for any purpose is not known, furnish an estir the estimate. The total of the payments listed must equal er set forth in response to Part C - Question 4.b above.	nate			
, , ,			Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees			\$		\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and inst	allation of machinery and equipment		\$		\$
Construction or leasing of plant bu	ildings and facilities		\$		\$
	ocluding the value of securities involved in this offering that seets or securities of another issuer pursuant to a merger)	_	\$	_	¢
Denoument of indebtedness			\$		\$
			\$	- <u>-</u>	\$ 1,343,46
• ,			<u>Ф</u>	_	\$ 1,343,40
			dr.		
	11.0		\$		\$ 1.242.46
Total Payments Listed (column totals	added)			×	\$ 1,343,46
	D. FEDERAL SIGNATURE				
signature constitutes an undertaking b	to be signed by the undersigned duly authorized person. If ty the issuer to furnish to the U.S. Securities and Exchange C any non-accredited investor pursuant to paragraph (b)(2) of	ommis	sion, upon writte		
Issuer (Print or Type)	Signature	Date	TILLY	7-	202
Calcite Limited Name of Signer (Print or Type)	Title of Signer (Print or Type)	l	JULY	10,	1007
John Devries	President and Secretary				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE								
			Yes	No					
1.	 Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of See Appendix, Column 5, for state response. 	such rule?		×					
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (1° CFR 239.500) at such times as required by state law.								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer clathe burden of establishing that these conditions have been satisfied.								
Th	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be	e signed on its behalf by	the ur	ndersigned					
	duly authorized person.	,							
	Issuer (Print or Type) Signature Date		_						
	Calcite Limited	101775 20	27						
	Name of Signer (Print or Type) Title of Signer (Print or Type)	,							
Jol	John Devries President and Secretary								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	<u>-</u>		4			5		
	to non-a	ed to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					ification State (if yes, ach ation of granted) -Item 1)		
State	Yes	No	Class B Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK	1								 		
AZ		x	\$35,000	1	\$35,000	0	0		X		
AR											
CA	X		\$173,600	1	\$7,000	5	\$166,600		Х		
CO					-						
СТ	 										
DE	†										
DC											
FL	X		\$57,500	1	\$21,000	2	\$36,500		Х		
GA		Х	\$65,000	3	\$65,000	0	0		Х		
Н								_			
ID											
IL											
IN											
ΙA		Х	\$54,235	1	\$54,235	0	0		X		
KS	X		\$132,435	1	\$10,000	4	\$122,435		x		
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS											
МО	X		\$228,950	2	\$195,000	2	\$33,950		Х		
МТ		X	\$16,000	1	\$16,000	0	0		X		

APPENDIX

1		2	3			5				
	to non-a	d to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Class B Number of Number of Common Stock Accredited Investors Amount Investors Amount		Yes	No				
NE									đ	
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK	Х		\$260,000	2	\$160,000	1	\$100,000		Х	
OR	X		\$190,840	1	\$25,000	6	\$165,840		Х	
PA		Х	\$40,000	1	\$40,000	0	0		X	
RI	X		\$10,000	0	0	1	\$10,000		Х	
SC										
SD										
TN										
TX		Х	\$32,900	2	\$32,900	0	0		X	
UT										
VT										
VA					<u> </u>					
WA	X		\$50,000	0	0	1 .	\$50,000		X	
WV										
WI	<u> </u>									
WY		-						 		
PR							·	<u></u> _		